

DERWENT-ACC-NO: 1986-105311
DERWENT-WEEK: 198616
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TITLE: Hotel or hospital place booking system - has ram
and constants
generator at inputs of and=gates taken to position counters
at inputs of
comparators

INVENTOR: DANILOV, V P; PERSIKOVA, N A

PATENT-ASSIGNEE: VOLCHEK V L[VOLCI]

PRIORITY-DATA: 1983SU-3576741 (April 12, 1983)

PATENT-FAMILY:

PUB-NO	PUB-DATE	LANGUAGE
PAGES	MAIN-IPC	
SU 1180916 A	September 23, 1985	N/A
013	N/A	

INT-CL (IPC): G06F015/20

ABSTRACTED-PUB-NO: SU 1180916A

BASIC-ABSTRACT: Increased throughput is the advantage of
the booking system,
whose new components are AND-gate groups (8-11,54) (two
more groups not shown),
bed counter (13), room counter (14), floor counter (15),
building counter (16),
half-day check; counter (41), free bed counter (37) and
adder (53), two
comparators (only 50 d

shown), three more AND-gates (only 46 shown), booked bed
adder (47) and two
OR-gates (only 52 shown), as well as date and day of week
counter, month and
year counter, calendar day counter, half-day counter,
long-term half-day
booking counter, two multiplexers, address encoder,
flip-flop and NOT-gate.

The system stores information about available places,
identifying each bed,

room, floor and building, so that they can be always found from the contents of counters (13-16). A two-bit code is used to find a room without using its full code and considerable memory savings are achieved in this way. A specific bed can be located by means of clock (12), AND-gate groups (8-11), the counters and comparators (17-21), of which the last one allows a specific class of bed or e.g. a bed in a male (female) ward to be found. The time when occupancy ends is the basic piece of information about each bed, and to save memory space, the number of days of occupancy, down to the last half-day, is stored in the RAM. Since the system operates continuously, the various counters form a calendar which provides information about the date day, month and year. Comparator (50) compares the number of free beds, allowing for long-term bookings, within the accounting period; their number is counted by counter (51) and the total is added by adder (53).

USE/ADVANTAGE - As hotel, rest home, sanatorium etc. booking system, which provides occupancy information and prepares accounts. New circuit components give the modified system greater capacity than is available with the prototype.

Bul.35/23.9.85

CHOSEN-DRAWING: Dwg.1a/2

TITLE-TERMS:

HOTEL HOSPITAL PLACE BOOKING SYSTEM RAM CONSTANT GENERATOR
INPUT AND=GATE
POSITION COUNTER INPUT COMPARATOR

DERWENT-CLASS: T01

EPI-CODES: T01-J05;

SECONDARY-ACC-NO:

Non-CPI Secondary Accession Numbers: N1986-077335

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DERWENT-CLASS: T01

EPI-CODES: T01-J05;

SECONDARY-ACC-NO:

Non-CPI Secondary Accession Numbers: N1986-077335

L Number	Hits	Search Text	DB	Time stamp
-	25	(("5699005") or ("5717945") or ("5784625") or ("5826237") or ("5835712") or ("5848427") or ("5884321") or ("5878262") or ("5911145") or ("5933828") or ("5940834") or ("5950207") or ("5953724") or ("5956704") or ("5956720") or ("5956737") or ("5966717") or ("5974430") or ("5974430") or ("5983227") or ("5991534") or ("5995937") or ("6026363") or ("6026417") or ("6032119") or ("6035276")).PN.	USPAT	2002/10/04 11:02
-	149	(705/5).CCLS.	USPAT	2002/10/04 11:07
-	73	(705/6).CCLS.	USPAT	2002/10/04 11:07
-	380	(705/2,3).CCLS.	USPAT	2002/10/04 11:07
-	117	((705/5).CCLS.) or ((705/6).CCLS.) or ((705/2,3).CCLS.) and (room or bed) and (available or availability or vacant or vacancy) and (medical or hospital or hospice)	USPAT	2002/10/04 11:17
-	80	(room or bed) and (available or availability or vacant or vacancy) and (medical or hospital or hospice)	EPO; JPO; DERWENT	2002/10/04 11:18
-	1	1986-105311.NRAN.	DERWENT	2002/10/04 11:20
-	1	(room near reservation) and (availability) and internet	USPAT	2002/10/04 12:44

	Type	L #	Hits	Search Text	DBs	Time Stamp
1	IS&R	L1	25	(("5669005") or ("5717945") or ("5784625") or ("5826237") or ("5835712") or ("5848427") or ("5884321") or ("5878262") or ("5911145") or ("5933828") or ("5940834") or ("5950207") or ("5953724") or ("5956704") or ("5956720") or ("5956737") or ("5966717") or ("5974430") or ("5974430") or ("5983227") or ("5991534") or ("5995937") or ("6026363") or ("6026417") or ("6032119") or ("6035276")) .PN.	USPAT	2002/10/04 08:46
2	IS&R	L2	149	(705/5) .CCLS.	USPAT	2002/10/04 08:47
3	IS&R	L3	276	(705/2) .CCLS.	USPAT	2002/10/04 08:47
4	IS&R	L4	73	(705/6) .CCLS.	USPAT	2002/10/04 08:47
5	IS&R	L5	220	(705/3) .CCLS.	USPAT	2002/10/04 08:49
6	BRS	L6	136	(2 or 3 or 4 or 5) and (room) and (available or available or vacant or vacancy)	USPAT	2002/10/04 09:26
7	BRS	L7	104	(2 or 3 or 4 or 5) and (room) and (available or available or vacant or vacancy) and (medical or hospital or hospice or clinic)	USPAT	2002/10/04 09:50
8	BRS	L8	104	(2 or 3 or 4 or 5) and (room) and (available or available or vacant or vacancy) and (medical or hospital or hospice)	USPAT	2002/10/04 09:50

```
### Status: Path 1 of [Dialog Information Services via Modem]
### Status: Initializing TCP/IP using (UseTelnetProto 1 ServiceID pto-dialog)
Trying 31060000009999...Open

DIALOG INFORMATION SERVICES
PLEASE LOGON:
***** HHHHHHHH SSSSSSSS?
### Status: Signing onto Dialog
*****
ENTER PASSWORD:
***** HHHHHHHH SSSSSSSS? *****
Welcome to DIALOG
### Status: Connected

Dialog level 02.09.15D

Last logoff: 23sep02 13:02:06
Logon file405 04oct02 11:20:06
*** ANNOUNCEMENT ***
***
--The following files from Cambridge Scientific Abstracts (CSA)
are no longer available: 14, 28, 32, 33, 36, 37, 41, 44, 56, 61,
76, 77, 108, 117, 232, 238, 269, 293, 335. Please enter HELP CSA
plus the file number to identify alternative sources of information.
Example: HELP CSA14.
***
--File 515 D&B Dun's Electronic Business Directory is now online
completely updated and redesigned. For details, see HELP NEWS 515.
***
--File 990 - NewsRoom now contains May 2002 to present records.
File 993 - NewsRoom archive contains 2002 records from January 2002-
April 2002. To search all 2002 records, BEGIN 990,993 or B NEWS2002.
***
--Alerts have been enhanced to allow a single Alert profile to be
stored and run against multiple files. Duplicate removal is available
across files and for up to 12 months. The Alert may be run according
to the file's update frequency or according to a custom
calendar-based schedule. There are no additional prices for these
enhanced features. See HELP ALERT for more information.
***
--U.S. Patents Fulltext (File 654) has been redesigned with
new search and display features. See HELP NEWS 654 for
information.
***
--Connect Time joins DialUnits as pricing options on Dialog.
See HELP CONNECT for information.
***
--CLAIMS/US Patents (Files 340,341, 942) have been enhanced
with both application and grant publication level in a
single record. See HELP NEWS 340 for information.
***
--SourceOne patents are now delivered to your email inbox
as PDF replacing TIFF delivery. See HELP SOURCE1 for more
information.
***
--Important news for public and academic
libraries. See HELP LIBRARY for more information.
***
--Important Notice to Freelance Authors--
See HELP FREELANCE for more information
***
For information about the access to file 43 please see Help News43.
***
NEW FILES RELEASED
***Dialog NewsRoom - Current 3-4 months (File 990)
***Dialog NewsRoom - 2002 Archive (File 993)
```

***Dialog NewsRoom - 2001 Archive (File 994)
***Dialog NewsRoom - 2000 Archive (File 995)
***TRADEMARKSCAN-Finland (File 679)
***TRADEMARKSCAN-Norway (File 678)
***TRADEMARKSCAN-Sweden (File 675)

UPDATING RESUMED

***Delphes European Business (File 481)

RELOADED

***D&B Dun's Electronic Business Directory (File 515)
***U.S. Patents Fulltext 1976-current (File 654)
***Population Demographics (File 581)
***Kompass Western Europe (File 590)
***D&B - Dun's Market Identifiers (File 516)

REMOVED

***Chicago Tribune (File 632)
***Fort Lauderdale Sun Sentinel (File 497)
***The Orlando Sentinel (File 705)
***Newport News Daily Press (File 747)
***U.S. Patents Fulltext 1980-1989 (File 653)
***Washington Post (File 146)
***Books in Print (File 470)
***Court Filings (File 793)
***Publishers, Distributors & Wholesalers of the U.S. (File 450)
***State Tax Today (File 791)
***Tax Notes Today (File 790)
***Worldwide Tax Daily (File 792)
***ISMEC: Mechanical Engineering Abstracts (File 14)
***Oceanic Abstracts (File 28)
***METADEX: Metals Science (File 32)
***Aluminium Industry Abstracts (File 33)
***Linguistics and Language Behavior Abstracts (File 36)
***Sociological Abstracts (File 37)
***Pollution Abstracts (File 41)
***Aquatic Sciences and Fisheries Abstracts (File 44)
***ARTbibliographies Modern (File 56)
***LISA (Library & Information Science Abstracts) (File 61)
***Life Sciences Collection (File 76)
***Conference Papers Index (File 77)
***Aerospace Database (File 108)
***Water Resources Abstracts (File 117)
***Applied Social Sciences Index and Abstracts (File 232)
***Abstracts in New Technologies and Engineering (File 238)
***Materials Business File (File 269)
***Engineered Materials Abstracts (File 293)
***Ceramic Abstracts (File 335)

New document supplier

IMED has been changed to INFOTRIE (see HELP OINFOTRI)

>>> Enter BEGIN HOMEBASE for Dialog Announcements <<<
>>> of new databases, price changes, etc. <<<

COREFULL is set ON as an alias for 15,9,623,810,275,624,636,621,813,16,160,148,20.
COREABS is set ON as an alias for 77,35,593,65,2,233,99,473,474,475.
COREALL is set ON as an alias for COREFULL,COREABS.
SOFTFULL is set ON as an alias for 278,634,256.
EUROFULL is set ON as an alias for 348,349.
JAPOABS is set ON as an alias for 347.
HEALTHFULL is set ON as an alias for 442,149,43,444.
HEALTHABS is set ON as an alias for 5,73,151,155,34,434.
DRUGFULL is set ON as an alias for 455,129,130.
DRUGABS is set ON as an alias for 74,42.
INSURANCEFULL is set ON as an alias for 625,637.
INSURANCEABS is set ON as an alias for 169.
TRANSPORTFULL is set ON as an alias for 80,637.
TRANSPORTABS is set ON as an alias for 108,6,63.

ADVERTISINGFULL is set ON as an alias for 635,570, PAPERSMJ, PAPERSEU.
INVENTORYABS is set ON as an alias for 8,14,94,6,34,434,7.
BANKINGFULL is set ON as an alias for 625,268,626,267.
BANKINGABS is set ON as an alias for 139.
HEALTHALL is set ON as an alias for COREFULL, COREABS, HEALTHFULL, HEALTHABS.
INSURANCEALL is set ON as an alias for COREFULL, COREABS, INSURANCEFULL, INSURANCEABS.
RESERVATIONALL is set ON as an alias for COREFULL, COREABS.
OPERATIONSALL is set ON as an alias for COREFULL, COREABS, INVENTORYABS.
TRANSPORTALL is set ON as an alias for COREFULL, COREABS, TRANSPORTFULL, TRANSPORTABS.
ADVERTISINGALL is set ON as an alias for COREFULL, COREABS, ADVERTISINGFULL.
SHOPPINGALL is set ON as an alias for COREFULL, COREABS, ADVERTISINGALL, 47.
INVENTORYALL is set ON as an alias for COREFULL, COREABS, INVENTORYFULL.
BANKINGALL is set ON as an alias for COREFULL, COREABS, BANKINGFULL, BANKINGABS.
PORTFOLIOALL is set ON as an alias for COREFULL, COREABS, BANKINGALL.
TRADINGALL is set ON as an alias for COREFULL, COREABS, BANKINGALL.
CREDITALL is set ON as an alias for COREFULL, COREABS, BANKINGALL.
FUNDSALL is set ON as an alias for COREFULL, COREABS, BANKINGALL, 608.

SYSTEM:HOME

Cost is in DialUnits

Menu System II: D2 version 1.7.8 term=ASCII

*** DIALOG HOMEBASE(SM) Main Menu ***

Information:

1. Announcements (new files, reloads, etc.)
2. Database, Rates, & Command Descriptions
3. Help in Choosing Databases for Your Topic
4. Customer Services (telephone assistance, training, seminars, etc.)
5. Product Descriptions

Connections:

6. DIALOG(R) Document Delivery
7. Data Star(R)

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/H = Help

/L = Logoff

/NOMENU = Command Mode

Enter an option number to view information or to connect to an online service. Enter a BEGIN command plus a file number to search a database (e.g., B1 for ERIC).

?b corefull, coreabs, healthfull, healthabs

```
>>>      77 does not exist
>>>      43 is unauthorized
>>>      151 does not exist
>>>3 of the specified files are not available
    04oct02 11:20:51 User242933 Session D115.1
    $0.00      0.183 DialUnits FileHomeBase
    $0.00  Estimated cost FileHomeBase
    $0.16   TELNET
    $0.16  Estimated cost this search
    $0.16  Estimated total session cost  0.183 DialUnits
```

SYSTEM:OS - DIALOG OneSearch

File 15:ABI/Inform(R) 1971-2002/Oct 04

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*File 15: Alert feature enhanced for multiple files, duplicate removal, customized scheduling. See HELP ALERT.

File 9:Business & Industry(R) Jul/1994-2002/Oct 03

(c) 2002 Resp. DB Svcs.

File 623:Business Week 1985-2002/Oct 03

(c) 2002 The McGraw-Hill Companies Inc

File 810:Business Wire 1986-1999/Feb 28

(c) 1999 Business Wire

File 275:Gale Group Computer DB(TM) 1983-2002/Oct 04

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File 624:McGraw-Hill Publications 1985-2002/Oct 03
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File 636:Gale Group Newsletter DB(TM) 1987-2002/Oct 04
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File 621:Gale Group New Prod.Annou.(R) 1985-2002/Oct 03
(c) 2002 The Gale Group

File 813:PR Newswire 1987-1999/Apr 30
(c) 1999 PR Newswire Association Inc

File 16:Gale Group PROMT(R) 1990-2002/Oct 04
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File 160:Gale Group PROMT(R) 1972-1989
(c) 1999 The Gale Group

File 148:Gale Group Trade & Industry DB 1976-2002/Oct 04
(c) 2002 The Gale Group

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File 20:Dialog Global Reporter 1997-2002/Oct 04
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File 35:Dissertation Abs Online 1861-2002/Sep
(c) 2002 ProQuest Info&Learning

File 593:KOMPASS Central/Eastern Europe 2002/Jun
(c) 2002 KOMPASS Intl.

File 65:Inside Conferences 1993-2002/Sep W5
(c) 2002 BLDSC all rts. reserv.

File 2:INSPEC 1969-2002/Sep W5
(c) 2002 Institution of Electrical Engineers

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File 233:Internet & Personal Comp. Abs. 1981-2002/Sep
(c) 2002 Info. Today Inc.

File 99:Wilson Appl. Sci & Tech Abs 1983-2002/Aug
(c) 2002 The HW Wilson Co.

File 473:FINANCIAL TIMES ABSTRACTS 1998-2001/APR 02
(c) 2001 THE NEW YORK TIMES

***File 473: This file will not update after March 31, 2001.**
It will remain on Dialog as a closed file.

File 474:New York Times Abs 1969-2002/Oct 03
(c) 2002 The New York Times

File 475:Wall Street Journal Abs 1973-2002/Oct 03
(c) 2002 The New York Times

File 442:AMA Journals 1982-2002/Sep B2
(c) 2002 Amer Med Assn -FARS/DARS apply

***File 442: UDs have been adjusted to reflect the current months data.**
No data is missing.

File 149:TGG Health&Wellness DB(SM) 1976-2002/Sep W4
(c) 2002 The Gale Group

File 444:New England Journal of Med. 1985-2002/Oct W1
(c) 2002 Mass. Med. Soc.

File 5:Biosis Previews(R) 1969-2002/Sep W5
(c) 2002 BIOSIS

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File 73:EMBASE 1974-2002/Sep W5
(c) 2002 Elsevier Science B.V.

***File 73: Alert feature enhanced for multiple files, duplicates removal, customized scheduling. See HELP ALERT.**

File 155:MEDLINE(R) 1966-2002/Sep W5

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File 34:SciSearch(R) Cited Ref Sci 1990-2002/Oct W1
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File 434:SciSearch(R) Cited Ref Sci 1974-1989/Dec
(c) 1998 Inst for Sci Info

Set Items Description

```
-----  
?s hospital and (room or bed) and (reservation or availability)  
Processed 20 of 30 files ...  
Processing  
Completed processing all files  
    2410642 HOSPITAL  
    2067393 ROOM  
    615869 BED  
    196845 RESERVATION  
    1814853 AVAILABILITY  
S1    14401 HOSPITAL AND (ROOM OR BED) AND (RESERVATION OR  
        AVAILABILITY)  
?  
PLEASE ENTER A COMMAND OR BE LOGGED OFF IN 5 MINUTES  
?  
### Status: Signed Off. (13 minutes)  
### Status: Path 1 of [Dialog Information Services via Modem]  
### Status: Initializing TCP/IP using (UseTelnetProto 1 ServiceID pto-dialog)  
Trying 31060000009999...Open  
  
DIALOG INFORMATION SERVICES  
PLEASE LOGON:  
***** HHHHHHHH SSSSSSS?  
### Status: Signing onto Dialog  
*****  
ENTER PASSWORD:  
***** HHHHHHHH SSSSSSS? *****  
Welcome to DIALOG  
### Status: Connected  
  
Dialog level 02.09.15D  
  
Reconnected in file OS 04oct02 11:36:23  
COREFULL is set ON as an alias for 15,9,623,810,275,624,636,621,813,16,160,148,20.  
COREABS is set ON as an alias for 77,35,593,65,2,233,99,473,474,475.  
COREALL is set ON as an alias for COREFULL,COREABS.  
SOFTFULL is set ON as an alias for 278,634,256.  
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***
```

>>> 77 does not exist
>>> 43 is unauthorized
>>> 151 does not exist
>>> 3 of the specified files are not available

SYSTEM:OS - DIALOG OneSearch

File 15:ABI/Inform(R) 1971-2002/Oct 04
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*File 15: Alert feature enhanced for multiple files, duplicate removal, customized scheduling. See HELP ALERT.
File 9:Business & Industry(R) Jul/1994-2002/Oct 03
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 (c) 2002 The Gale Group
*File 148: Alert feature enhanced for multiple files, duplicate removal, customized scheduling. See HELP ALERT.
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It will remain on Dialog as a closed file.
File 474:New York Times Abs 1969-2002/Oct 03
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 (c) 2002 Mass. Med. Soc.
File 5:Biosis Previews(R) 1969-2002/Sep W5

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File 155:MEDLINE(R) 1966-2002/Sep W5

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File 34:SciSearch(R) Cited Ref Sci 1990-2002/Oct W1
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*File 34: Alert feature enhanced for multiple files, duplicates removal, customized scheduling. See HELP ALERT.

File 434:SciSearch(R) Cited Ref Sci 1974-1989/Dec
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Set	Items	Description
---	---	-----
Cost	is in DialUnits	
?b	corefull, coreabs, healthall, healthabs	
>>>	"COREFULL" is not a valid category or service name	
>>>	"COREABS" is not a valid category or service name	
>>>	"HEALTHFULL" is not a valid category or service name	
>>>	"HEALTHABS" is not a valid category or service name	
>>>	77 does not exist	
>>>	151 does not exist	
>>>2	of the specified files are not available	
04oct02	11:37:17 User242933 Session D115.3	
\$0.03	0.005 DialUnits File15	
\$0.03	Estimated cost File15	
\$0.03	0.005 DialUnits File9	
\$0.03	Estimated cost File9	
\$0.03	0.005 DialUnits File623	
\$0.03	Estimated cost File623	
\$0.01	0.005 DialUnits File810	
\$0.01	Estimated cost File810	
\$0.03	0.005 DialUnits File275	
\$0.03	Estimated cost File275	
\$0.03	0.005 DialUnits File624	
\$0.03	Estimated cost File624	
\$0.03	0.005 DialUnits File636	
\$0.03	Estimated cost File636	
\$0.03	0.005 DialUnits File621	
\$0.03	Estimated cost File621	
\$0.01	0.005 DialUnits File813	
\$0.01	Estimated cost File813	
\$0.03	0.005 DialUnits File16	
\$0.03	Estimated cost File16	
\$0.03	0.005 DialUnits File160	
\$0.03	Estimated cost File160	
\$0.03	0.005 DialUnits File148	
\$0.03	Estimated cost File148	
\$0.01	0.005 DialUnits File20	
\$0.01	Estimated cost File20	
\$0.02	0.005 DialUnits File35	
\$0.02	Estimated cost File35	
\$0.03	0.005 DialUnits File593	
\$0.03	Estimated cost File593	
\$0.02	0.005 DialUnits File65	
\$0.02	Estimated cost File65	
\$0.04	0.005 DialUnits File2	
\$0.04	Estimated cost File2	
\$0.01	0.005 DialUnits File233	
\$0.01	Estimated cost File233	
\$0.01	0.005 DialUnits File99	
\$0.01	Estimated cost File99	
\$0.02	0.005 DialUnits File473	
\$0.02	Estimated cost File473	

\$0.02 0.005 DialUnits File474
\$0.02 Estimated cost File474
\$0.02 0.005 DialUnits File475
\$0.02 Estimated cost File475
\$0.03 0.005 DialUnits File442
\$0.03 Estimated cost File442
\$0.02 0.005 DialUnits File149
\$0.02 Estimated cost File149
\$0.03 0.005 DialUnits File444
\$0.03 Estimated cost File444
\$0.03 0.005 DialUnits File5
\$0.03 Estimated cost File5
\$0.05 0.005 DialUnits File73
\$0.05 Estimated cost File73
\$0.02 0.005 DialUnits File155
\$0.02 Estimated cost File155
\$0.09 0.005 DialUnits File34
\$0.09 Estimated cost File34
\$0.09 0.005 DialUnits File434
\$0.09 Estimated cost File434
OneSearch, 30 files, 0.164 DialUnits FileOS
\$0.20 TELNET
\$1.08 Estimated cost this search
\$1.08 Estimated total session cost 0.164 DialUnits

SYSTEM:OS - DIALOG OneSearch
File 15:ABI/Inform(R) 1971-2002/Oct 04
(c) 2002 ProQuest Info&Learning
***File 15: Alert feature enhanced for multiple files, duplicate removal, customized scheduling. See HELP ALERT.**
File 9:Business & Industry(R) Jul/1994-2002/Oct 03
(c) 2002 Resp. DB Svcs.
File 623:Business Week 1985-2002/Oct 03
(c) 2002 The McGraw-Hill Companies Inc
File 810:Business Wire 1986-1999/Feb 28
(c) 1999 Business Wire
File 275:Gale Group Computer DB(TM) 1983-2002/Oct 04
(c) 2002 The Gale Group
File 624:McGraw-Hill Publications 1985-2002/Oct 03
(c) 2002 McGraw-Hill Co. Inc
File 636:Gale Group Newsletter DB(TM) 1987-2002/Oct 04
(c) 2002 The Gale Group
File 621:Gale Group New Prod.Annou.(R) 1985-2002/Oct 03
(c) 2002 The Gale Group
File 813:PR Newswire 1987-1999/Apr 30
(c) 1999 PR Newswire Association Inc
File 16:Gale Group PROMT(R) 1990-2002/Oct 04
(c) 2002 The Gale Group
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File 160:Gale Group PROMT(R) 1972-1989
(c) 1999 The Gale Group
File 148:Gale Group Trade & Industry DB 1976-2002/Oct 04
(c) 2002 The Gale Group
***File 148: Alert feature enhanced for multiple files, duplicate removal, customized scheduling. See HELP ALERT.**
File 20:Dialog Global Reporter 1997-2002/Oct 04
(c) 2002 The Dialog Corp.
File 35:Dissertation Abs Online 1861-2002/Sep
(c) 2002 ProQuest Info&Learning
File 593:KOMPASS Central/Eastern Europe 2002/Jun
(c) 2002 KOMPASS Intl.
File 65:Inside Conferences 1993-2002/Sep W5
(c) 2002 BLDSC all rts. reserv.
File 2:INSPEC 1969-2002/Sep W5
(c) 2002 Institution of Electrical Engineers
***File 2: Alert feature enhanced for multiple files, duplicates removal, customized scheduling. See HELP ALERT.**

File 233:Internet & Personal Comp. Abs. 1981-2002/Sep
(c) 2002 Info. Today Inc.
File 99:Wilson Appl. Sci & Tech Abs 1983-2002/Aug
(c) 2002 The HW Wilson Co.
File 473:FINANCIAL TIMES ABSTRACTS 1998-2001/APR 02
(c) 2001 THE NEW YORK TIMES

*File 473: This file will not update after March 31, 2001.
It will remain on Dialog as a closed file.

File 474:New York Times Abs 1969-2002/Oct 03
(c) 2002 The New York Times
File 475:Wall Street Journal Abs 1973-2002/Oct 03
(c) 2002 The New York Times
File 5:Biosis Previews(R) 1969-2002/Sep W5
(c) 2002 BIOSIS

*File 5: Alert feature enhanced for multiple files, duplicates removal, customized scheduling. See HELP ALERT.

File 73:EMBASE 1974-2002/Sep W5
(c) 2002 Elsevier Science B.V.
*File 73: Alert feature enhanced for multiple files, duplicates removal, customized scheduling. See HELP ALERT.

File 155:MEDLINE(R) 1966-2002/Sep W5
*File 155: Alert feature enhanced for multiple files, duplicates removal, customized scheduling. See HELP ALERT.

File 34:SciSearch(R) Cited Ref Sci 1990-2002/Oct W1
(c) 2002 Inst for Sci Info
*File 34: Alert feature enhanced for multiple files, duplicates removal, customized scheduling. See HELP ALERT.

File 434:SciSearch(R) Cited Ref Sci 1974-1989/Dec
(c) 1998 Inst for Sci Info

Set Items Description

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?s (hospital) (w) (room or bed) (w) (reservation or availability)
Processed 10 of 27 files ...

Processing

Completed processing all files

2239632 HOSPITAL
2011236 ROOM
588308 BED
195458 RESERVATION
1784662 AVAILABILITY
S1 51 (HOSPITAL) (W) (ROOM OR BED) (W) (RESERVATION OR
AVAILABILITY)

?type s1/3,ab/all

>>>No matching display code(s) found in file(s): 65, 593, 623-624, 810, 813

1/3,AB/1 (Item 1 from file: 15)
DIALOG(R)File 15:ABI/Inform(R)
(c) 2002 ProQuest Info&Learning. All rts. reserv.

01990622 48333830

Associations among hospital capacity, utilization, and mortality of U.S. Medicare beneficiaries, controlling for sociodemographic factors

Fisher, Elliott S; Wennberg, John E; Stukel, Therese A; Skinner, Jonathan S ; Et al

Health Services Research v34n6 PP: 1351-1362 Feb 2000 ISSN: 0017-9124

JRNL CODE: HSR

WORD COUNT: 3631

ABSTRACT: A study was conducted to explore whether geographic variations in Medicare hospital utilization rates are due to differences in local hospital capacity, after controlling for socioeconomic status and disease burden and to determine whether greater hospital capacity is associated with lower Medicare mortality rates. Results show the per capita supply of hospital beds varied by more than twofold across US regions. Residents of areas with more beds were up to 30% more likely to be hospitalized, controlling for ecologic measures of socioeconomic characteristics and disease burden. A greater proportion of the population was hospitalized at least once during the year in areas with more beds; death was also

*Considered
all abstracts*

more likely to take place in an inpatient setting. All effects were consistent across racial and income groups.

1/3,AB/2 (Item 2 from file: 15)
DIALOG(R)File 15:ABI/Inform(R)
(c) 2002 ProQuest Info&Learning. All rts. reserv.

01041243 96-90636

Access implications of rural hospital closures and conversions

McKay, Niccie L; Coventry, John A
Hospital & Health Services Administration v40n2 PP: 227-246 Summer 1995
ISSN: 8750-3735 JRNL CODE: HHS
WORD COUNT: 5748

ABSTRACT: The present research examines the effects of rural hospital closures and conversions on various structural dimensions of access. Based on a data set of rural hospitals in Texas during the period from 1985 to 1990, the results indicate that closure or conversion typically had relatively little detrimental effect on hospital services and distance to alternative sources of care, but hospital bed and physician availability may have been adversely affected in certain cases. Rural hospital conversions to alternative types of health care facilities, such as ambulatory care clinics, do appear to have maintained the availability of a restricted set of medical services in some rural areas.

1/3,AB/3 (Item 3 from file: 15)
DIALOG(R)File 15:ABI/Inform(R)
(c) 2002 ProQuest Info&Learning. All rts. reserv.

00886047 95-35439

Ethnic differences in use of inpatient mental health services by blacks, whites, and Hispanics in a national insured population
Padgett, Deborah K; Patrick, Cathleen; Burns, Barbara J; Schlesinger, Herbert J
Health Services Research v29n2 PP: 135-153 Jun 1994 ISSN: 0017-9124
JRNL CODE: HSR
WORD COUNT: 6033

ABSTRACT: Insurance claims and related enrollment data from 1.2 million federal employees and their dependents insured by the Blue Cross-Blue Shield Federal Employees Plan in 1983 were analyzed to see whether ethnic differences in the use of inpatient mental health services exist when the usually confounding effects of minority status and culture are minimized or controlled. The Andersen-Newman (1973) model of health utilization was used to analyze predisposing, enabling, and need variables as predictors of inpatient mental health utilization during 1983. No significant differences were found among blacks, whites, and Hispanics in the probability of a psychiatric hospitalization or in the number of inpatient psychiatric days. Regression analyses revealed younger age and psychiatric treatment of other family members as significant predictors of a hospitalization; region of residence, younger age, hospital bed availability, and high option plan enrollment were significant predictors of the number of treatment days. Ethnic differences in the use of inpatient mental health services were not significant in this generously insured population.

1/3,AB/4 (Item 1 from file: 9)
DIALOG(R)File 9:Business & Industry(R)
(c) 2002 Resp. DB Svcs. All rts. reserv.

01248607

CLEVELAND CLINIC, TENET HEALTHCARE SEEK WESTON HOSPITAL IN FLORIDA
(Cleveland Clinic Florida and Tenet Healthcare Corp to jointly build
\$75-million, 150-acute-care-bed hospital)
Sun-Sentinel , p N/A

July 27, 1995

DOCUMENT TYPE: Regional Newspaper ISSN: 0744-8139 (United States)

LANGUAGE: English RECORD TYPE: Fulltext

WORD COUNT: 707

ABSTRACT:

The 75-year-old nonprofit Cleveland Clinic Florida and publicly traded corporation Tenet Healthcare Corp. announced Thursday their plan to jointly build a \$75-million, 150-acute-care-bed hospital on Tenet's 43-acre site on Weston Road and Arvida Parkway in Weston, southwest Broward County. The hospital will feature an outpatient clinic, medical office building, research center, medical library and space for graduate medical education. Tenet will handle the hospital's construction and operation, while Cleveland will manage all medical care. Cleveland Clinic Florida Chief of Staff Dr. Harry K. Moon said that the plans to expand its facilities for open-heart surgery, obstetrics and pediatrics. However, the joint effort requires the approval of a certificate of need by state regulators before the Weston hospital could be built. Both Cleveland Clinic and Tenet's certificate of need applications have previously been disapproved. Article provides additional information on the planned hospital project and background information on Cleveland and Tenet.

1/3, AB/5 (Item 1 from file: 810)

DIALOG(R)File 810:Business Wire

(c) 1999 Business Wire . All rts. reserv.

0982059 BW0091

CA KAISER PERMANENTE: Kaiser Permanente Announces 1998 Financial Results

February 19, 1999

Byline: Business Editors/Health & Medical Writers

1/3, AB/6 (Item 1 from file: 275)

DIALOG(R)File 275:Gale Group Computer DB(TM)

(c) 2002 The Gale Group. All rts. reserv.

01503369 SUPPLIER NUMBER: 11936246 (USE FORMAT 7 OR 9 FOR FULL TEXT)

Voice-mail applications; no matter what type of business you run or what department you work in, voice mail will help you do your job better.

(includes related article on useful books)

Teleconnect, v10, n2, p98(4)

Feb, 1992

ISSN: 0740-9354 LANGUAGE: ENGLISH RECORD TYPE: FULLTEXT; ABSTRACT

WORD COUNT: 1130 LINE COUNT: 00095

ABSTRACT: Voice mail applications offer a wide range of business the opportunity to improve their efficiency. Customer service can use voice mail to cut holding time, sales and marketing businesses can use voice mail to create leads during times when field staff is not in the office and manufacturing can use voice mail to update production and shipping information in an accurate way. Purchasing can use the technology to improve delivery times and obtain competitive prices, accounting can use it to securely store sensitive payroll information, management can use it to broadcast agendas and save time writing memos and transportation can use voice mail to keep its drivers updated. Other industries that can benefit from voice mail include engineering, insurance, real estate, law, construction, medicine and financial services.

1/3, AB/7 (Item 1 from file: 636)

DIALOG(R)File 636:Gale Group Newsletter DB(TM)

(c) 2002 The Gale Group. All rts. reserv.

02531489 Supplier Number: 45101991

HOSPITAL ADMISSIONS INCREASE WITH BED AVAILABILITY

Health Care Strategic Management, v12, n11, pN/A
Nov, 1994
Language: English Record Type: Fulltext
Document Type: Newsletter; Trade
Word Count: 271

1/3,AB/8 (Item 1 from file: 621)
DIALOG(R)File 621:Gale Group New Prod.Annou.(R)
(c) 2002 The Gale Group. All rts. reserv.

01862409 Supplier Number: 54523734
Cimulus and HHA Save Hospitals Money and Time With New Software.
PR Newswire, p0157
May 2, 1999
Language: English Record Type: Fulltext
Document Type: Newswire; Trade
Word Count: 279

1/3,AB/9 (Item 2 from file: 621)
DIALOG(R)File 621:Gale Group New Prod.Annou.(R)
(c) 2002 The Gale Group. All rts. reserv.

01812109 Supplier Number: 53910521
Kaiser Permanente Announces 1998 Financial Results.
Business Wire, p0091
Feb 19, 1999
Language: English Record Type: Fulltext
Document Type: Newswire; Trade
Word Count: 962

1/3,AB/10 (Item 1 from file: 813)
DIALOG(R)File 813:PR Newswire
(c) 1999 PR Newswire Association Inc. All rts. reserv.

1465821 DEF038A
Cimulus and HHA Save Hospitals Money and Time With New Software
DATE: April 30, 1999 15:17 EDT WORD COUNT: 319

1/3,AB/11 (Item 1 from file: 16)
DIALOG(R)File 16:Gale Group PROMT(R)
(c) 2002 The Gale Group. All rts. reserv.

06307923 Supplier Number: 54523734
Cimulus and HHA Save Hospitals Money and Time With New Software.
PR Newswire, p0157
May 2, 1999
Language: English Record Type: Fulltext
Document Type: Newswire; Trade
Word Count: 279

1/3,AB/12 (Item 2 from file: 16)
DIALOG(R)File 16:Gale Group PROMT(R)
(c) 2002 The Gale Group. All rts. reserv.

06141972 Supplier Number: 53910521
Kaiser Permanente Announces 1998 Financial Results.
Business Wire, p0091
Feb 19, 1999
Language: English Record Type: Fulltext
Document Type: Newswire; Trade
Word Count: 962

1/3,AB/13 (Item 3 from file: 16)
DIALOG(R)File 16:Gale Group PROMT(R)
(c) 2002 The Gale Group. All rts. reserv.

05289231 Supplier Number: 48054523
Cash boost 'will prevent winter crisis in NHS'
The Times, p2
Oct 15, 1997
Language: English Record Type: Abstract
Document Type: Newspaper; General

ABSTRACT:

In order to help boost staff numbers and hospital bed availability in the UK's National Health Service over the 1997/8 winter the government has said that funding for the service is to be boosted by GB 300mn. Of this sum GB 30mn has come from efficiency savings, GB 100mn has been switched from the Department of Trade and Industry and GB 168mn from the Defence department. The government is also seeking greater integration of operations between the social services department and the health service.

1/3,AB/14 (Item 1 from file: 148)
DIALOG(R)File 148:Gale Group Trade & Industry DB
(c) 2002 The Gale Group. All rts. reserv.

11903130 SUPPLIER NUMBER: 59629771 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Associations Among Hospital Capacity, Utilization, and Mortality of U.S. Medicare Beneficiaries, Controlling for Sociodemographic Factors.
Fisher, Elliott S.; Wennberg, John E.; Stukel, Therese A.; Skinner, Jonathan S.; Sharp, Sandra M.; Freeman, Jean L.; Gittelsohn, Alan M.
Health Services Research, 34, 6, 1351
Feb, 2000
ISSN: 0017-9124 LANGUAGE: English RECORD TYPE: Fulltext
WORD COUNT: 4232 LINE COUNT: 00407

1/3,AB/15 (Item 2 from file: 148)
DIALOG(R)File 148:Gale Group Trade & Industry DB
(c) 2002 The Gale Group. All rts. reserv.

10999111 SUPPLIER NUMBER: 54523734 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Cimulus and HHA Save Hospitals Money and Time With New Software.
PR Newswire, 0157
May 2, 1999
LANGUAGE: English RECORD TYPE: Fulltext
WORD COUNT: 302 LINE COUNT: 00029

1/3,AB/16 (Item 3 from file: 148)
DIALOG(R)File 148:Gale Group Trade & Industry DB
(c) 2002 The Gale Group. All rts. reserv.

10824009 SUPPLIER NUMBER: 53910521 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Kaiser Permanente Announces 1998 Financial Results.
Business Wire, 0091
Feb 19, 1999
LANGUAGE: English RECORD TYPE: Fulltext
WORD COUNT: 911 LINE COUNT: 00095

1/3,AB/17 (Item 4 from file: 148)
DIALOG(R)File 148:Gale Group Trade & Industry DB
(c) 2002 The Gale Group. All rts. reserv.

07971281 SUPPLIER NUMBER: 17052612 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Access implications of rural hospital closures and conversions.
McKay, Niccie L.; Coventry, John A.
Hospital & Health Services Administration, v40, n2, p227(20)
Summer, 1995

ISSN: 8750-3735
WORD COUNT: 6314

LANGUAGE: English
LINE COUNT: 00524

RECORD TYPE: Fulltext; Abstract

ABSTRACT: A study of Texas rural hospitals that were closed or converted from 1985 to 1990 determines that these closures or conversions had little adverse affect on the availability of medical care services. However, hospital bed and physician availability were limited in some areas. The study is the first to recognize that many rural hospital closures resulted in conversion to other forms of health care facilities that prevented a deterioration of services.

1/3,AB/18 (Item 5 from file: 148)
DIALOG(R)File 148:Gale Group Trade & Industry DB
(c)2002 The Gale Group. All rts. reserv.

07308158 SUPPLIER NUMBER: 15631397 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Ethnic differences in use of inpatient mental health services by blacks, whites, and Hispanics in a national insured population.

Padgett, Deborah K.; Patrick, Cathleen; Burns, Barbara J.; Schlesinger, Herbert J.

Health Services Research, v29, n2, p135(19)

June, 1994

ISSN: 0017-9124 LANGUAGE: ENGLISH RECORD TYPE: FULLTEXT; ABSTRACT
WORD COUNT: 6253 LINE COUNT: 00514

AUTHOR ABSTRACT: Objective. We examine whether ethnic differences in use of inpatient mental health services exist when the usually confounding effects of minority status and culture are minimized or controlled. Data Sources and Study Setting. Secondary analyses were conducted using a national insurance claims database for 1.2 million federal employees and their dependents insured by the Blue Cross/Blue Shield (BC/BS) Federal Employees Plan (FEP). Study Design. The Andersen-Newman model of health utilization was used to analyze predisposing, enabling, and need variables as predictors of inpatient mental health utilization during 1983. The study design was cross-sectional. Data Collection. The study database was made up of BC/BS insurance claims, Office of Personnel Management employee data, and Area Resource File data. Principal Findings. No significant differences were found among blacks, whites, and Hispanics in the probability of a psychiatric hospitalization or in the number of inpatient psychiatric days. Regression analyses revealed younger age and psychiatric treatment of other family members as significant predictors of a hospitalization; region of residence, younger age, hospital bed availability, and high option plan enrollment were significant predictors of the number of treatment days. Conclusions. Ethnic differences in use of inpatient mental health services were not significant in this generously insured population. Further research involving primary data collection among large and diverse samples of ethnic individuals is needed to fully examine the effects of cultural and socioeconomic differences on use of mental health services.

1/3,AB/19 (Item 6 from file: 148)
DIALOG(R)File 148:Gale Group Trade & Industry DB
(c)2002 The Gale Group. All rts. reserv.

05833090 SUPPLIER NUMBER: 12072373 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Medicare use in the last ninety days of life.

Gaumer, Gary L.; Stavins, Joanna

Health Services Research, v26, n6, p725(18)

Feb, 1992

ISSN: 0017-9124 LANGUAGE: ENGLISH RECORD TYPE: FULLTEXT
WORD COUNT: 4996 LINE COUNT: 00402

1/3,AB/20 (Item 7 from file: 148)
DIALOG(R)File 148:Gale Group Trade & Industry DB
(c)2002 The Gale Group. All rts. reserv.

03500565 SUPPLIER NUMBER: 06321829 (USE FORMAT 7 OR 9 FOR FULL TEXT)

Index of employers. (hospital profiles) (Nursing Opportunities supplement)

RN, v51, n1, pS6(377)

Jan, 1988

ISSN: 0033-7021 LANGUAGE: ENGLISH RECORD TYPE: FULLTEXT

WORD COUNT: 210302 LINE COUNT: 18943

1/3,AB/21 (Item 1 from file: 20)

DIALOG(R)File 20:Dialog Global Reporter

(c) 2002 The Dialog Corp. All rts. reserv.

24570150

Bed availability in French hospitals adequate, say authorities (translated English abstract)

LA TRIBUNE

August 23, 2002

JOURNAL CODE: WLAT LANGUAGE: French RECORD TYPE: ABSTRACT

WORD COUNT: 108

The rate of availability of beds in France's hospitals, both public and private, is 15 per cent below optimum level, the French ministry of health revealed yesterday. The ministry stressed that this figure is not markedly different to that recorded for the summer of 2001 and is in line with forecasts.

In any case, the health ministry's latest figures on hospital bed availability have been released amid controversy concerning the state of accident-and-emergency services in French hospitals. French doctors' unions claimed last week that these services are under great pressure due to staff shortages made worse by the 35-hour week and the summer holidays.

1/3,AB/22 (Item 2 from file: 20)

DIALOG(R)File 20:Dialog Global Reporter

(c) 2002 The Dialog Corp. All rts. reserv.

07251824

Pensioners At Cutting Edge In War On Muggers

BIRMINGHAM POST, p5

September 14, 1999

JOURNAL CODE: FBMP LANGUAGE: English RECORD TYPE: FULLTEXT

WORD COUNT: 578

Birmingham pensioners have resorted to forming a posse to cut their grass in a 'Muggers Paradise'.

The elderly people in Kemble Croft at Belgrave Middleway, Balsall Heath, are scared to go into their front gardens alone.

1/3,AB/23 (Item 3 from file: 20)

DIALOG(R)File 20:Dialog Global Reporter

(c) 2002 The Dialog Corp. All rts. reserv.

04400061

Kaiser Permanente Announces 1998 Financial Results

BUSINESS WIRE

February 19, 1999

JOURNAL CODE: WBWE LANGUAGE: English RECORD TYPE: FULLTEXT

WORD COUNT: 1238

OAKLAND, Calif.--(BW HealthWire)--Feb. 19, 1999--Kaiser Foundation Health Plan, Inc. and subsidiaries and Kaiser Foundation Hospitals today reported financial results and membership data for the year ended Dec. 31, 1998.

Kaiser incurred a net loss of \$288 million on \$15.5 billion in operating revenues. This includes extraordinary item of \$22 million, which is the cost associated with replacing certain outstanding bonds with bonds at lower interest rates. The 1998 operating result -- the revenues and expenses related only to the delivery of health care services -- was a loss of \$434 million, 2.8 percent of operating revenue.

1/3,AB/24 (Item 1 from file: 2)
DIALOG(R)File 2:INSPEC
(c) 2002 Institution of Electrical Engineers. All rts. reserv.

00334611 INSPEC Abstract Number: C72000109
Title: A study of hospital reservation systems
Author(s): Morris, R.C.
University: Illinois Inst. Technol., Chicago, IL, USA
Dissertation Date: 1970
Country of Publication: USA 215 pp.
Language: English

Abstract: The purpose of this study is to develop a methodology and the working procedures needed to make a quantitative analysis of **hospital bed reservation** system performance under a variety of environmental conditions and management control policies. The study is motivated by the fact that such systems are now operated and controlled on an intuitive basis without explicitly state quantitative objectives or constraints. To carry out the study, a **hospital bed reservation** system is first defined conceptually and analytically in terms of a state variable and the system inputs and outputs. The state variable is a vector whose elements are the number of empty beds, and the number of reservations that have been granted for elective admission on each day that lies within a future planning period of specified length. There are three random system inputs, representing discharges, emergency admissions and reservation requests for elective admission in the future. There is one decision input. It is a vector whose elements are the upper limits on the number of reservations that can be accepted for elective admission on each of the days that lie within the future planning period. There are four system outputs that result from the state, the decision and the random variables. They are refusals of requests for reservation, reneges on requests previously granted, empty beds and overflow.

Subfile: B C

1/3,AB/25 (Item 1 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2002 BIOSIS. All rts. reserv.

13206691 BIOSIS NO.: 200100413840
Factors associated with home versus institutional death among cancer patients in Connecticut.
AUTHOR: Gallo William T(a); Baker Matthew J; Bradley Elizabeth H
AUTHOR ADDRESS: (a)Department of Epidemiology and Public Health, Yale University School of Medicine, 60 College Street, New Haven, CT, 06520** USA
JOURNAL: Journal of the American Geriatrics Society 49 (6):p771-777 June, 2001
MEDIUM: print
ISSN: 0002-8614
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English
SUMMARY LANGUAGE: English

ABSTRACT: OBJECTIVE: To assess the relationships between home death and a set of demographic, disease-related, and health-resource factors among individuals who died of cancer. DESIGN: Prospective cohort study. SETTING: All adult deaths from cancer in Connecticut during 1994. PARTICIPANTS: Six thousand eight hundred and thirteen individuals who met all of the following criteria: died of a cancer-related cause in 1994, had previously been diagnosed with cancer in Connecticut, and were age 18 and older at the time of death. MEASUREMENT: Site of death. RESULTS: Twenty-nine percent of the study sample died at home, 42% died in a hospital, 17% died in a nursing home, and 11% died in an inpatient hospice facility. Multivariate analysis indicated that demographic characteristics (being married, female, white, and residing in a higher income area), disease-related factors (type of cancer, longer survival

postdiagnosis), and health-resource factors (greater availability of hospice providers, less availability of hospital beds) were associated with dying at home rather than in a hospital or inpatient hospice.

CONCLUSIONS: The implications of this study for clinical practice and health planning are considerable. The findings identify groups (men, unmarried individuals, and those living in lower income areas) at higher risk for institutionalized death-groups that may be targeted for possible interventions to promote home death when home death is preferred by patients and their families. Further, the findings suggest that site of death is influenced by available health-system resources. Thus, if home death is to be supported, the relative availability of hospital beds and hospice providers may be an effective policy tool for promoting home death.

2001

1/3,AB/26 (Item 2 from file: 5)
DIALOG(R) File 5:Biosis Previews(R)
(c) 2002 BIOSIS. All rts. reserv.

10425727 BIOSIS NO.: 199699046872

Hospitalization rates of children with gastroenteritis in Ontario.

AUTHOR: To Teresa(a); Feldman William; Young Wendy; Maloney Shelagh L
AUTHOR ADDRESS: (a) ICES, Sunnybrook Health Sci. Cent., 2075 Bayview Ave.,
North York, ON M4N 3M5**Canada

JOURNAL: Canadian Journal of Public Health 87 (1):p62-65 1996

ISSN: 0008-4263

DOCUMENT TYPE: Article

RECORD TYPE: Abstract

LANGUAGE: English

SUMMARY LANGUAGE: English; French

ABSTRACT: Purpose: To calculate hospitalization rates of gastroenteritis among children in Ontario and to determine the association of hospitalization of gastroenteritis with sociodemographic indicators and the availability of hospital beds. Methods: Ontario admission rates were calculated from hospital discharge data for fiscal year 1991/92. Small area variations, correlations between sociodemographic indicators and admission rates were studied. Results: The age- and sex-adjusted admission rate in 1991/92 was 411.1/100,000 with a 14-fold variation in Ontario. The availability of pediatric beds was the only significant factor associated with high admission rates, with an estimated relative risk of 6.75 (95% confidence interval: 1.26, 36.09, p < 0.027). Conclusion: Since most children with gastroenteritis can be successfully managed as outpatients, high admission rates may be an indication of unnecessary hospitalization.

1996

1/3,AB/27 (Item 3 from file: 5)
DIALOG(R) File 5:Biosis Previews(R)
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09042628 BIOSIS NO.: 199497050998

Psychopathology and quality of life among mentally ill patients in the community: British and US samples compared.

AUTHOR: Warner Richard(a); Huxley Peter

AUTHOR ADDRESS: (a) Mental Health Cent. Boulder County, 1333 Iris Avenue,
Boulder, CO 80304**USA

JOURNAL: British Journal of Psychiatry 163 (OCT.):p505-509 1993

ISSN: 0007-1250

DOCUMENT TYPE: Article

RECORD TYPE: Abstract

LANGUAGE: English

ABSTRACT: Sixty-nine mentally ill patients in treatment in an intensive community support system in Boulder, Colorado, were evaluated using the same measures of quality of life and psychopathology as were used in

assessing mentally ill patients in hospital and community facilities in Manchester. Psychopathology was greater in the Boulder samples, but quality-of-life scores were no worse for the American patients. The relationship of these findings to systems of care and availability of psychiatric hospital beds is discussed.

1993

1/3,AB/28 (Item 4 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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05188121 BIOSIS NO.: 000082028742

OBSTETRIC HOSPITAL STAYS BY DIAGNOSIS RELATED GROUPS A COMMUNITY-BASED ANALYSIS

AUTHOR: LAGOE R J

AUTHOR ADDRESS: CENT. RES. HOSP. UTIL., P.O. BOX 458, UNIVERSITY STATION, SYRACUSE, N.Y. 13210, USA

JOURNAL: AM J OBSTET GYNECOL 154 (4). 1986. 873-878. 1986

FULL JOURNAL NAME: American Journal of Obstetrics and Gynecology

CODEN: AJOGA

RECORD TYPE: Abstract

LANGUAGE: ENGLISH

ABSTRACT: The study analyzed obstetric inpatient hospital stays by diagnosis related group in Sacramento, California, and Syracuse, New York, [USA], two areas with similar admission rates, between 1981 and 1984. The sample included 123,308 hospital discharges. The data indicated that aggregate obstetric stays in Syracuse were 32.9% longer than those in Sacramento, which was typical of differences between these stays in the western and northeastern United States. Obstetric stays in both areas declined between 1981 and 1984; however, the rate of decline in Sacramento (6.1%) was substantially higher than that of Syracuse (3.5%). Variability of obstetric stays was substantially lower in Syracuse for most diagnosis related groups, including those with the largest caseloads. These results suggest that community and regional differences in obstetric hospital stays may be produced by system-wide consumer preferences and physician practice patterns, more than by hospital bed availability , health maintenance organization activity, or other factors.

1986

1/3,AB/29 (Item 1 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2002 Elsevier Science B.V. All rts. reserv.

11379698 EMBASE No: 2001394060

Does the availability of hospital beds affect utilization patterns? The case of end-of-life care

Wilson D.M.; Truman C.D.

Dr. D.M. Wilson, Faculty of Nursing, Third Floor Clin. Sciences Building, University of Alberta, Edmonton, Alta. T6G 2G3 Canada

AUTHOR EMAIL: donna.wilson@ualberta.ca

Health Services Management Research (HEALTH SERV. MANAGE. RES.) (United Kingdom) 2001, 14/4 (229-239)

CODEN: HSRME ISSN: 0951-4848

DOCUMENT TYPE: Journal ; Article

LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH

NUMBER OF REFERENCES: 21

Hospital downsizing in Canada during the 1990s raised public concern over the availability of hospital care, in addition to heightening administrative interest in improving or maximizing hospital utilization. One ongoing concern about utilization is that a disproportionately large share of hospital resources is used by terminally ill and dying people. A research study using 1992/1993-1996/1997 in-patient abstracts data for the province of Alberta, Canada, was undertaken to explore and describe

hospital utilization by dying in-patients. This investigation found only 48.2% of all deaths in Alberta over the five years studied involved hospital in-patients. An 18.5% reduction in the number of in-patient deaths and an 83.3% reduction in length of final stay occurred when 50% of acute care beds were closed, which was followed by an increase when beds began reopening - in terms of both the number of in-patient deaths (4.8%) and the average length of stay (2.6%). The ratio of men to women, the average age of dying in-patients, and the intensity of hospital care changed relatively little over those five years. Most in-patients were admitted for nursing care; in 51.3% of all cases, no diagnostic or therapeutic procedures were performed prior to death. These findings indicate **hospital bed availability** influences admission to hospital and length of stay, but not treatment decisions affecting seriously ill and dying patients. In addition, reduced length of stay appears to have been a widespread response to hospital downsizing, with this change substantially preserving individual access to hospitals.

1/3,AB/30 (Item 2 from file: 73)

DIALOG(R)File 73:EMBASE

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07430710 EMBASE No: 1998344403

Influence of patient preferences and local health system characteristics on the place of death

Pritchard R.S.; Fisher E.S.; Teno J.M.; Sharp S.M.; Reding D.J.; Knaus W.A.; Wennberg J.E.; Lynn J.

Dr. E.S. Fisher, Evaluative Clinical Sciences Ctr., Strasenburgh Hall 319, Dartmouth Medical School, Hanover, NH 03755 United States Journal of the American Geriatrics Society (J. AM. GERIATR. SOC.) (United States) 1998, 46/10 (1242-1250)

CODEN: JAGSA ISSN: 0002-8614

DOCUMENT TYPE: Journal; Article

LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH

NUMBER OF REFERENCES: 40

OBJECTIVE: To examine the degree to which variation in place of death is explained by differences in the characteristics of patients, including preferences for dying at home, and by differences in the characteristics of local health systems. DESIGN: We drew on a clinically rich database to carry out a prospective study using data from the observational phase of the Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatments (SUPPORT component). We used administrative databases for the Medicare program to carry out a national cross-sectional analysis of Medicare enrollees place of death (Medicare component). SETTING: Five teaching hospitals (SUPPORT); All U.S. Hospital Referral Regions (Medicare). STUDY POPULATIONS: Patients dying after the enrollment hospitalization in the observational phase of SUPPORT for whom place of death and preferences were known. Medicare beneficiaries who died in 1992 or 1993. MAIN OUTCOME MEASURES: Place of death (hospital vs non-hospital). RESULTS: In SUPPORT, most patients expressed a preference for dying at home, yet most died in the hospital. The percent of SUPPORT patients dying in-hospital varied by greater than 2-fold across the five SUPPORT sites (29 to 66%). For Medicare beneficiaries, the percent dying in-hospital varied from 23 to 54% across U.S. Hospital Referral Regions (HRRs). In SUPPORT, variations in place of death across site were not explained by sociodemographic or clinical characteristics or patient preferences. Patient level (SUPPORT) and national cross-sectional (Medicare) multivariate models gave consistent results. The risk of in-hospital death was increased for residents of regions with greater **hospital bed availability** and use; the risk of in-hospital death was decreased in regions with greater nursing home and hospice availability and use. Measures of **hospital bed availability** and use were the most powerful predictors of place of death across HRRs. CONCLUSIONS: Whether people die in the hospital or not is powerfully influenced by characteristics of the local health system but not by patient preferences or other patient characteristics. These findings may explain the failure of the SUPPORT intervention to alter care patterns for seriously ill and dying patients. Reforming the care of dying patients may require modification of local

resource availability and provider routines.

1/3,AB/31 (Item 3 from file: 73)

DIALOG(R) File 73:EMBASE

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05895597 EMBASE No: 1994309342

Hospital readmission rates for cohorts of medicare beneficiaries in Boston and New Haven

Fisher E.S.; Wennberg J.E.; Stukel T.A.; Sharp S.M.

Dartmouth-Hitchcock Medical Center, 319 Strasenburgh Hall, Hanover, NH
03755-3862 United States

New England Journal of Medicine (NEW ENGL. J. MED.) (United States)
1994, 331/15 (989-995)

CODEN: NEJMA ISSN: 0028-4793

DOCUMENT TYPE: Journal; Article

LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH

Background. Geographic variations in the use of hospital services are associated with differences in the availability of hospital beds. There continues to be uncertainty about the extent to which unmeasured case-mix differences explain these findings. Previous research showed that the number of occupied beds per capita in Boston was substantially higher than the number of occupied beds per capita in New Haven, Connecticut, and that overall rates of hospital utilization were higher for Boston residents than for New Haven residents. Methods. We used Medicare claims data to study cohorts of Medicare beneficiaries 65 years of age or older and residing in Boston or New Haven who were initially hospitalized for one of five indications (acute myocardial infarction, stroke, gastrointestinal bleeding, hip fracture, or potentially curative surgery for breast, colon, or lung cancer). Residents of Boston or New Haven who were discharged between October 1, 1987, and September 30, 1989, were enrolled in the cohort corresponding to the earliest such admission and followed for up to 35 months. Results. The relative rate of readmission in Boston as compared with New Haven was 1.64 (95 percent confidence interval, 1.53 to 1.76) for all cohorts combined, with a similarly elevated rate for each of the five clinical cohorts and each age, sex, and race subgroup examined.

Hospital-specific readmission rates varied substantially among the hospitals in Boston and were higher than those in New Haven. No relation was found between mortality (during the first 30 days after discharge or over the entire study period) and either community or hospital-specific readmission rates. Conclusions. Regardless of the initial cause of admission, Medicare beneficiaries who were initially hospitalized in Boston had consistently higher rates of readmission than did Medicare beneficiaries hospitalized in New Haven. Differences in the severity of illness are unlikely to explain these findings. One possible explanation is a threshold effect of **hospital - bed availability** on decision to admit patients.

1/3,AB/32 (Item 4 from file: 73)

DIALOG(R) File 73:EMBASE

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05781651 EMBASE No: 1994199639

Ethnic differences in use of inpatient mental health services by blacks, whites, and hispanics in a national insured population

Padgett D.K.; Patrick C.; Burns B.J.; Schlesinger H.J.

School of Social Work, New York University, 7 East 12th Street, New York,
NY 10003 United States

Health Services Research (HEALTH SERV. RES.) (United States) 1994,
29/2 (135-153)

CODEN: HESRA ISSN: 0017-9124

DOCUMENT TYPE: Journal; Article

LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH

Objective. We examine whether ethnic differences in use of inpatient mental health services exist when the usually confounding effects of

minority status and culture are minimized or controlled. Data Sources and Study Setting. Secondary analyses were conducted using a national insurance claims database for 1.2 million federal employees and their dependents insured by the Blue Cross/Blue Shield (BC/BS) Federal Employees Plan (FEP). Study Design. The Andersen-Newman model of health utilization was used to analyze predisposing, enabling, and need variables as predictors of inpatient mental health utilization during 1983. The study design was cross-sectional. Data Collection. The study database was made up of BC/BS insurance claims, Office of Personnel Management employee data, and Area Resource File data. Principal Findings. No significant differences were found among blacks, whites, and Hispanics in the probability of a psychiatric hospitalization or in the number of inpatient psychiatric days. Regression analyses revealed younger age and psychiatric treatment of other family members as significant predictors of a hospitalization; region of residence, younger age, hospital bed availability, and high option plan enrollment were significant predictors of the number of treatment days. Conclusions. Ethnic differences in use of inpatient mental health services were not significant in this generously insured population. Further research involving primary data collection among large and diverse samples of ethnic individuals is needed to fully examine the effects of cultural and socioeconomic differences on use of mental health services.

1/3,AB/33 (Item 5 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2002 Elsevier Science B.V. All rts. reserv.

04282780 EMBASE No: 1990165336
Estimation of hospital bed availability
Ramaiah. R.S.
Department of Community Medicine, University of Leeds, Nunthorpe,
Middlesbrough, Cleveland United Kingdom
Canadian Journal of Public Health (CAN. J. PUBLIC HEALTH) (Canada)
1990, 81/2 (170)
CODEN: CJPEA ISSN: 0008-4263
DOCUMENT TYPE: Journal; Letter
LANGUAGE: ENGLISH

1/3,AB/34 (Item 6 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2002 Elsevier Science B.V. All rts. reserv.

03973212 EMBASE No: 1989142208
Hospital bed availability : Developing accurate estimates
Roos N.P.
Department of Community Health Sciences, University of Manitoba, Winnipeg,
Man. R3E 0W3 Canada
Canadian Journal of Public Health (CAN. J. PUBLIC HEALTH) (Canada)
1989, 80/2 (105-109)
CODEN: CJPEA ISSN: 0008-4263
DOCUMENT TYPE: Journal
LANGUAGE: ENGLISH SUMMARY LANGUAGE: FRENCH; ENGLISH

Bed population ratios have long been used by health planners as a method of estimating resource availability to community residents. In Canada's tertiary care urban centres, it is recognized that these bed population ratios are misleading because so many beds in both tertiary care and community hospitals are occupied by patients referred from other areas. This paper illustrates a method for calculating bed population ratios based on actual number of hospital beds used by area residents, regardless of where this usage takes place, and regardless of whether this usage is based on in-patient or out-patient admissions. Since the information required for making these calculations is available to provincial insurance systems across Canada, this technique should have wide applicability.

1/3,AB/35 (Item 7 from file: 73)
DIALOG(R)File 73:EMBASE

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03160893 EMBASE No: 1986138470

Obstetric hospital stays by diagnosis related groups: A community-based analysis

Lagoe R.J.

Center for Research in Hospital Utilization, P.O. Box 458, Syracuse, NY
13210 United States

American Journal of Obstetrics and Gynecology (AM. J. OBSTET. GYNECOL.)
(United States) 1986, 154/4 (873-878)

CODEN: AJOGA

DOCUMENT TYPE: Journal

LANGUAGE: ENGLISH

The study analyzed obstetric inpatient hospital stays by diagnosis related group in Sacramento, California, and Syracuse, New York, two areas with similar admission rates, between 1981 and 1984. The sample included 123,308 hospital discharges. The data indicated that aggregate obstetric stays in Syracuse were 32.9% longer than those in Sacramento, which was typical of differences between these stays in the western and northeastern United States. Obstetric stays in both areas declined between 1981 and 1984; however, the rate of decline in Sacramento (6.1%) was substantially higher than that of Syracuse (3.5%). Variability of obstetric stays was substantially lower in Syracuse for most diagnosis related groups, including those with the largest caseloads. These results suggest that community and regional differences in obstetric hospital stays may be produced by system-wide consumer preferences and physician practice patterns, more than by hospital bed availability , health maintenance organization activity, or other factors.

1/3,AB/36 (Item 8 from file: 73)

DIALOG(R) File 73:EMBASE

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01796139 EMBASE No: 1981231092

Changes in the distribution and availability of medical services in Michigan counties and regions, 1961-1977

Stevens R.D.; Chapman J.A.

United States

1979, (35p.)

DOCUMENT TYPE: Journal

LANGUAGE: ENGLISH

This study analyzed changes in the distribution and availability of medical services in Michigan counties and regions from 1961 to 1977. Data on population, physicians, acute care hospital beds, emergency service vehicles, hospital emergency service units, and long-term care beds were used. On a per capita basis, between 1961 and 1976 the average ratio of physicians to population increased in the state. The availability of physicians was quite variable, however; in more than one third of the counties the physician-population ratio declined over these years. Acute care hospital bed availability increased between 1961 and 1973 in southern Michigan and in urbanized areas and now more nearly approaches the level of availability in the Upper Peninsula and northern Michigan. Emergency service vehicles and hospital emergency service units showed higher levels of per capita availability in 1974 in the Upper Peninsula and northern Michigan because of the longer distances covered by emergency equipment. Long-term care beds per capita almost doubled between 1961 and 1973 throughout the state. Relative shortages appear to be present in the eastern half of the Lower Peninsula outside of Wayne County. This study points to counties and regions that appear to have fewer medical care resources than other areas of Michigan. More detailed analysis is required to determine the kinds and amounts of shortages in medical care which may exist in these areas and the steps which may be taken to alleviate them.
(Abstr. Health Care Mgmt. Stud., 1981)

1/3,AB/37 (Item 9 from file: 73)

DIALOG(R) File 73:EMBASE
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01574015 EMBASE No: 1980194467
Hospital bed availability and discharge patterns in the short run
Luke R.D.; Culverwell M.B.
Div. Hlth. Adm., Univ. Colorado Hlth. Sci. Cent., Denver, Colo. 80262
United States
Inquiry (INQUIRY) (United States) 1980, 17/1 (54-61)
CODEN: INQYA
DOCUMENT TYPE: Journal
LANGUAGE: ENGLISH

This paper reports and discusses the results of a study of the effects of short-run variations in bed demand on patterns of hospital discharge. Specifically, the paper examines the relationship between variations in hospital occupancy level and lengths of stay, adjusted for diagnosis and severity of illness. The finding of a consistently positive association between length of stay and the hospital occupancy rate, even after attempting to eliminate the possibility of estimating a mere tautological relationship, is completely contrary to expectations based on the rationing hypothesis. When this finding is combined with results of other research that report admission patterns might not be associated with hospital occupancy in the manner suggested by the rationing hypothesis, different reasons are called for to explain possible effects of shorrun variations in hospital occupancy. These explanations are presented in the concluding part of this article.

1/3,AB/38 (Item 10 from file: 73)
DIALOG(R) File 73:EMBASE
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00063666 EMBASE No: 1974053722
ARBUS I-V, final report, 1 April, 1970
Lebo C.P.; Abbott R.P.; Ford J.D.; Pehrson D.L.
Commun. Hlth Serv., Rockville, Md 20852 United States
ABSTR.HOSP.MANAGE.STUD. 1972, 9/2 (08794-480 p.)
DOCUMENT TYPE: Journal
LANGUAGE: ENGLISH

This report describes the third phase of a research and development project designed to explore certain parameters of automation in **hospital bed reservation**, admission, and utilization transactions on a community wide basis. Phases I and II were reported in a two volume document entitled Aibus. Phase III provided several refinements of the previous work including the use of a dedicated, on line, multi terminal computer system for the acquisition and distribution of reservation and utilization data.

1/3,AB/39 (Item 1 from file: 155)
DIALOG(R) File 155:MEDLINE(R)

12623992 21582902 PMID: 11725590
Does the availability of hospital beds affect utilization patterns? The case of end-of-life care.
Wilson D M; Truman C D
Faculty of Nursing, Third Floor Clinical Sciences Building, University of Alberta, Edmonton, AB T6G 2G3, Canada. donna.wilson@ualberta.ca
Health services management research : an official journal of the Association of University Programs in Health Administration / HSMC, AUPHA (England) Nov 2001, 14 (4) p229-39, ISSN 0951-4848 Journal Code: 8811549
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: Completed
Hospital downsizing in Canada during the 1990s raised public concern over the availability of hospital care, in addition to heightening

administrative interest in improving or maximizing hospital utilization. One ongoing concern about hospital utilization is that a disproportionately large share of hospital resources is used by terminally ill and dying people. A research study using 1992/1993-1996/1997 in-patient abstracts data for the province of Alberta, Canada, was undertaken to explore and describe hospital utilization by dying in-patients. This investigation found only 48.2% of all deaths in Alberta over the five years studied involved hospital in-patients. An 18.5% reduction in the number of in-patient deaths and an 83.3% reduction in length of final stay occurred when 50% of acute care beds were closed, which was followed by an increase when beds began reopening--in terms of both the number of in-patient deaths (4.8%) and the average length of stay (2.6%). The ratio of men to women, the average age of dying in-patients, and the intensity of hospital care changed relatively little over those five years. Most in-patients were admitted for nursing care; in 51.3% of all cases, no diagnostic or therapeutic procedures were performed prior to death. These findings indicate **hospital bed availability** influences admission to hospital and length of stay, but not treatment decisions affecting seriously ill and dying patients. In addition, reduced length of stay appears to have been a widespread response to hospital downsizing, with this change substantially preserving individual access to hospitals.

1/3,AB/40 (Item 2 from file: 155)
DIALOG(R) File 155: MEDLINE(R)

10007869 98449336 PMID: 9777906 Record Identifier: 62264
Influence of patient preferences and local health system characteristics on the place of death. SUPPORT Investigators. Study to Understand Prognoses and Preferences for Risks and Outcomes of Treatment.

Pritchard R S; Fisher E S; Teno J M; Sharp S M; Reding D J; Knaus W A; Wennberg J E; Lynn J

Department of Veterans Affairs Medical Center, White River Junction, VT, USA.

Journal of the American Geriatrics Society (UNITED STATES) Oct 1998,
46 (10) p1242-50, ISSN 0002-8614 Journal Code: 7503062
Comment in J Am Geriatr Soc. 1998 Oct;46(10) 1320-1; Comment in PMID 9777921 For the SUPPORT Investigators; KIE BoB Subject Heading: terminal care

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Other Citation Owner: KIE

Record type: Completed

OBJECTIVE: To examine the degree to which variation in place of death is explained by differences in the characteristics of patients, including preferences for dying at home, and by differences in the characteristics of local health systems. **DESIGN:** We drew on a clinically rich database to carry out a prospective study using data from the observational phase of the Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatments (SUPPORT component). We used administrative databases for the Medicare program to carry out a national cross-sectional analysis of Medicare enrollees place of death (Medicare component). **SETTING:** Five teaching hospitals (SUPPORT); All U.S. Hospital Referral Regions (Medicare). **STUDY POPULATIONS:** Patients dying after the enrollment hospitalization in the observational phase of SUPPORT for whom place of death and preferences were known. Medicare beneficiaries who died in 1992 or 1993. **MAIN OUTCOME MEASURES:** Place of death (hospital vs non-hospital). **RESULTS:** In SUPPORT, most patients expressed a preference for dying at home, yet most died in the hospital. The percent of SUPPORT patients dying in-hospital varied by greater than 2-fold across the five SUPPORT sites (29 to 66%). For Medicare beneficiaries, the percent dying in-hospital varied from 23 to 54% across U.S. Hospital Referral Regions (HRRs). In SUPPORT, variations in place of death across site were not explained by sociodemographic or clinical characteristics or patient preferences. Patient level (SUPPORT) and national cross-sectional (Medicare) multivariate models gave consistent results. The risk of in-hospital death was increased for residents of regions with greater **hospital bed availability** and use; the risk of in-hospital death was decreased in

regions with greater nursing home and hospice availability and use. Measures of hospital bed availability and use were the most powerful predictors of place of death across HRRs. CONCLUSIONS: Whether people die in the hospital or not is powerfully influenced by characteristics of the local health system but not by patient preferences or other patient characteristics. These findings may explain the failure of the SUPPORT intervention to alter care patterns for seriously ill and dying patients. Reforming the care of dying patients may require modification of local resource availability and provider routines.

1/3,AB/41 (Item 3 from file: 155)
DIALOG(R) File 155: MEDLINE(R).

08231061 94366454 PMID: 8084356

Hospital readmission rates for cohorts of Medicare beneficiaries in Boston and New Haven.

Fisher E S; Wennberg J E; Stukel T A; Sharp S M
Veterans Affairs Medical Center, White River Junction, VT.
New England journal of medicine (UNITED STATES) Oct 13 1994, 331 (15)
p989-95, ISSN 0028-4793 Journal Code: 0255562
Contract/Grant No.: R18-HS05745; HS; AHCPR
Comment in N Engl J Med. 1994 Oct 13;331(15) 1017-8; Comment in PMID
8084342

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: Completed

BACKGROUND. Geographic variations in the use of hospital services are associated with differences in the availability of hospital beds. There continues to be uncertainty about the extent to which unmeasured case-mix differences explain these findings. Previous research showed that the number of occupied beds per capita in Boston was substantially higher than the number of occupied beds per capita in New Haven, Connecticut, and that overall rates of hospital utilization were higher for Boston residents than for New Haven residents. METHODS. We used Medicare claims data to study cohorts of Medicare beneficiaries 65 years of age or older and residing in Boston or New Haven who were initially hospitalized for one of five indications (acute myocardial infarction, stroke, gastrointestinal bleeding, hip fracture, or potentially curative surgery for breast, colon, or lung cancer). Residents of Boston or New Haven who were discharged between October 1, 1987, and September 30, 1989, were enrolled in the cohort corresponding to the earliest such admission and followed for up to 35 months. RESULTS. The relative rate of readmission in Boston as compared with New Haven was 1.64 (95 percent confidence interval, 1.53 to 1.76) for all cohorts combined, with a similarly elevated rate for each of the five clinical cohorts and each age, sex, and race subgroup examined. Hospital-specific readmission rates varied substantially among the hospitals in Boston and were higher than those in New Haven. No relation was found between mortality (during the first 30 days after discharge or over the entire study period) and either community or hospital-specific readmission rates. CONCLUSIONS. Regardless of the initial cause of the admission, Medicare beneficiaries who were initially hospitalized in Boston had consistently higher rates of readmission than did Medicare beneficiaries hospitalized in New Haven. Differences in the severity of illness are unlikely to explain these findings. One possible explanation is a threshold effect of hospital - bed availability on decisions to admit patients.

1/3,AB/42 (Item 4 from file: 155)
DIALOG(R) File 155: MEDLINE(R)

08140664 94274427 PMID: 8005786

Ethnic differences in use of inpatient mental health services by blacks, whites, and Hispanics in a national insured population.

Padgett D K; Patrick C; Burns B J; Schlesinger H J
School of Social Work, New York University, NY 10003.
Health services research (UNITED STATES) Jun 1994, 29 (2) p135-53,

ISSN 0017-9124 Journal Code: 0053006
Contract/Grant No.: MH-46005; MH; NIMH
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: Completed

OBJECTIVE. We examine whether ethnic differences in use of inpatient mental health services exist when the usually confounding effects of minority status and culture are minimized or controlled. **DATA SOURCES AND STUDY SETTING.** Secondary analyses were conducted using a national insurance claims database for 1.2 million federal employees and their dependents insured by the Blue Cross/Blue Shield (BC/BS) Federal Employees Plan (FEP). **STUDY DESIGN.** The Andersen-Newman model of health utilization was used to analyze predisposing, enabling, and need variables as predictors of inpatient mental health utilization during 1983. The study design was cross-sectional. **DATA COLLECTION.** The study database was made up of BC/BS insurance claims, Office of Personnel Management employee data, and Area Resource File data. **PRINCIPAL FINDINGS.** No significant differences were found among blacks, whites, and Hispanics in the probability of a psychiatric hospitalization or in the number of inpatient psychiatric days. Regression analyses revealed younger age and psychiatric treatment of other family members as significant predictors of a hospitalization; region of residence, younger age, **hospital bed availability**, and high option plan enrollment were significant predictors of the number of treatment days. **CONCLUSIONS.** Ethnic differences in use of inpatient mental health services were not significant in this generously insured population. Further research involving primary data collection among large and diverse samples of ethnic individuals is needed to fully examine the effects of cultural and socioeconomic differences on use of mental health services.

1/3,AB/43 (Item 5 from file: 155)
DIALOG(R) File 155: MEDLINE(R)

07951669 94105599 PMID: 1342490
[Chilean hospitals: availability and productivity of the public and private sectors]
Los hospitales chilenos: dotacion y productividad de los sectores publico y privado.
Medina E; Kaempffer A M
Escuela de Salud Publica, Facultad de Medicina, Universidad de Chile, Santiago.
Revista medica de Chile (CHILE) Mar 1992, 120 (3) p334-41, ISSN 0034-9887 Journal Code: 0404312
Comment in Rev Med Chil. 1996 Nov;124(11) 1399-1401; Comment in PMID 9293109

Document type: Journal Article ; English Abstract
Languages: SPANISH
Main Citation Owner: NLM
Record type: Completed

Hospital bed availability, trends in number of beds, productivity and administrative aspects in the public and private hospital sectors are analyzed. At present, there are 3.3 beds per 1000 population in Chile. This represents a decrease from previous figures, in spite of increasing demands derived from population aging and greater birth assistance needs. Overall productivity of the hospital system is reflected in 31 annual admissions per bed, an average hospital stay of 8 days and a 75% occupancy rate. The National Health Service System is responsible for 76% of admissions. However, it takes care of more than 90% of bed needs for tuberculosis patients and more than 80% for hospital birth assistance, complications of pregnancy, perinatal disease, communicable diseases, respiratory illnesses, miscarriages and skin diseases. The private sector takes care of more than 40% of rheumatic and musculo skeletal diseases and more than one third of mental health problems. The National Health Service, compared to the private sector, exhibits a greater occupancy rate with an average stay only one day longer. Complexities of hospital administration, new world trends and the relation to external economic resources are discussed.

1/3,AB/44 (Item 6 from file: 155)
DIALOG(R) File 155: MEDLINE(R)

06531616 90235144 PMID: 2331660

Estimation of hospital bed availability.

Ramaiah R S

Canadian journal of public health. Revue canadienne de sante publique (CANADA) Mar-Apr 1990, 81 (2) p170, ISSN 0008-4263 Journal Code: 0372714

Comment on Can J Public Health. 1989 Mar-Apr;80(2) 105-9; Comment on PMID 2720535

Document type: Comment; Letter

Languages: ENGLISH

Main Citation Owner: NLM

Record type: Completed

1/3,AB/45 (Item 7 from file: 155)
DIALOG(R) File 155: MEDLINE(R)

06166007 89248747 PMID: 2720535

Hospital bed availability : developing accurate estimates.

Roos N P

Canadian journal of public health. Revue canadienne de sante publique (CANADA) Mar-Apr 1989, 80 (2) p105-9, ISSN 0008-4263 Journal Code: 0372714

Comment in Can J Public Health. 1990 Mar-Apr;81(2) 170; Comment in PMID 2331660

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: Completed

Bed population ratios have long been used by health planners as a method of estimating resource availability to community residents. In Canada's tertiary care urban centres, it is recognized that these bed population ratios are misleading because so many beds in both tertiary care and community hospitals are occupied by patients referred from other areas. This paper illustrates a method for calculating bed population ratios based on actual number of hospital beds used by area residents, regardless of where this usage takes place, and regardless of whether this usage is based on in-patient or out-patient admissions. Since the information required for making these calculations is available to provincial insurance systems across Canada, this technique should have wide applicability.

1/3,AB/46 (Item 8 from file: 155)
DIALOG(R) File 155: MEDLINE(R)

05114482 86183953 PMID: 3083681

Obstetric hospital stays by diagnosis related groups: a community-based analysis.

Lagoie R J

American journal of obstetrics and gynecology (UNITED STATES) Apr 1986, 154 (4) p873-8, ISSN 0002-9378 Journal Code: 0370476

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: Completed

The study analyzed obstetric inpatient hospital stays by diagnosis related group in Sacramento, California, and Syracuse, New York, two areas with similar admission rates, between 1981 and 1984. The sample included 123,308 hospital discharges. The data indicated that aggregate obstetric stays in Syracuse were 32.9% longer than those in Sacramento, which was typical of differences between these stays in the western and northeastern United States. Obstetric stays in both areas declined between 1981 and 1984; however, the rate of decline in Sacramento (6.1%) was substantially higher than that of Syracuse (3.5%). Variability of obstetric stays was substantially lower in Syracuse for most diagnosis related groups, including those with the largest caseloads. These results suggest that

community and regional differences in obstetric hospital stays may be produced by system-wide consumer preferences and physician practice patterns, more than by hospital bed availability, health maintenance organization activity, or other factors.

1/3,AB/47 (Item 9 from file: 155)
DIALOG(R)File 155: MEDLINE(R)

04652245 85013555 PMID: 6237287

Hospital census: a means for determination of hospital bed availability]

Der Krankenhauszensus: ein Instrument zur Bestimmung des optimalen Bettenangebotes?

Leu R E; Schaub T; Sommer J H; Gutzwiller F

Das Offentliche Gesundheitswesen (GERMANY, WEST) Jul 1984, 46 (7)

p315-9, ISSN 0029-8573 Journal Code: 0107170

Document type: Journal Article

Languages: GERMAN

Main Citation Owner: NLM

Record type: Completed

1/3,AB/48 (Item 10 from file: 155)
DIALOG(R)File 155: MEDLINE(R)

03382474 80181383 PMID: 6445334

Hospital bed availability and discharge patterns in the short run.

Luke R D; Culverwell M B

Inquiry : a journal of medical care organization, provision and financing (UNITED STATES) Spring 1980, 17 (1) p54-61, ISSN 0046-9580

Journal Code: 0171671

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: Completed

1/3,AB/49 (Item 1 from file: 34)
DIALOG(R)File 34: SciSearch(R) Cited Ref Sci
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07137243 Genuine Article#: 127HT Number of References: 39

Title: Influence of patient preferences and local health system characteristics on the place of death (ABSTRACT AVAILABLE)

Author(s): Pritchard RS; Fisher ES (REPRINT) ; Teno JM; Sharp SM; Reding DJ ; Knaus WA; Wennberg JE; Lynn J

Corporate Source: DARTMOUTH COLL SCH MED,CTR EVALUAT CLIN SCI, HB 7251, STRASBURGH HALL 319/HANOVER//NH/03755 (REPRINT); DARTMOUTH COLL SCH MED,CTR EVALUAT CLIN SCI/HANOVER//NH/03755; DEPT VET AFFAIRS MED CTR,/WHITE RIVER JCT//VT/; BROWN UNIV,CTR GERONTOL & HLTH CARE RES/PROVIDENCE//RI/02912; MARSHFIELD MED RES FDN,/MARSHFIELD//WI/54449; UNIV VIRGINIA,SCH MED, DEPT HLTH EVALUAT SCI/CHARLOTTESVILLE//VA/22908; GEORGE WASHINGTON UNIV,CTR IMPROVE CARE DYING/WASHINGTON//DC/

Journal: JOURNAL OF THE AMERICAN GERIATRICS SOCIETY, 1998, V46, N10 (OCT), P1242-1250

ISSN: 0002-8614 Publication date: 19981000

Publisher: WILLIAMS & WILKINS, 351 WEST CAMDEN ST, BALTIMORE, MD 21201-2436

Language: English Document Type: ARTICLE

Abstract: OBJECTIVE: To examine the degree to which variation in place of death is explained by differences in the characteristics of patients, including preferences for dying at home, and by differences in the characteristics of local health systems.

DESIGN: We drew on a clinically rich database to carry out a prospective study using data from the observational phase of the Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatments (SUPPORT component). We used administrative databases for the Medicare program to carry out a national cross-sectional analysis of Medicare enrollees place of death (Medicare component).

SETTING: Five teaching hospitals (SUPPORT); All U.S. Hospital Referral Regions (Medicare).

STUDY POPULATIONS: Patients dying after the enrollment hospitalization in the observational phase of SUPPORT for whom place of death and preferences were known. Medicare beneficiaries who died in 1992 or 1993. MAIN OUTCOME MEASURES: Place of death (hospital vs non-hospital). RESULTS: In SUPPORT, most patients expressed a preference for dying at home, yet most died in the hospital. The percent of SUPPORT patients dying in-hospital varied by greater than 2-fold across the five SUPPORT sites (29 to 66%). For Medicare beneficiaries, the percent dying in hospital varied from 23 to 54% across U.S. Hospital Referral Regions (HRRs). In SUPPORT, variations in place of death across site were not explained by sociodemographic or clinical characteristics or patient preferences. Patient level (SUPPORT) and national cross-sectional (Medicare) multivariate models gave consistent results. The risk of in-hospital death was increased for residents of regions with greater **hospital bed availability** and use; the risk of in-hospital death was decreased in regions with greater nursing home and hospice availability and use. Measures of **hospital bed availability** and use were the most powerful predictors of place of death across HRRs.

CONCLUSIONS: Whether people die in the hospital or not is powerfully influenced by characteristics of the local health system but not by patient preferences or other patient characteristics. These findings may explain the failure of the SUPPORT intervention to alter care patterns for seriously ill and dying patients. Reforming the care of dying patients may require modification of local resource availability and provider routines.

1/3,AB/50 (Item 2 from file: 34)
DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
(c) 2002 Inst for Sci Info. All rts. reserv.

03523445 Genuine Article#: PK504 Number of References: 20
Title: HOSPITAL READMISSION RATES FOR COHORTS OF MEDICARE BENEFICIARIES IN BOSTON AND NEW-HAVEN (Abstract Available)

Author(s): FISHER ES; WENNBERG JE; STUKEL TA; SHARP SM

Corporate Source: DARTMOUTH HITCHCOCK MED CTR, HB 7250, 319 STRASENBURGH HALL/HANOVER//NH/03755; VET AFFAIRS MED CTR/WHITE RIVER JCT//VT/00000; DARTMOUTH COLL SCH MED, DEPT MED/HANOVER//NH/00000; DARTMOUTH COLL SCH MED, CTR EVALUAT CLIN SCI/HANOVER//NH/00000

Journal: NEW ENGLAND JOURNAL OF MEDICINE, 1994, V331, N15 (OCT 13), P 989-995

ISSN: 0028-4793

Language: ENGLISH Document Type: ARTICLE

Abstract: Background. Geographic variations in the use of hospital services are associated with differences in the availability of hospital beds. There continues to be uncertainty about the extent to which unmeasured case-mix differences explain these findings. Previous research showed that the number of occupied beds per capita in Boston was substantially higher than the number of occupied beds per capita in New Haven, Connecticut, and that overall rates of hospital utilization were higher for Boston residents than for New Haven residents.

Methods. We used Medicare claims data to study cohorts of Medicare beneficiaries 65 years of age or older and residing in Boston or New Haven who were initially hospitalized for one of five indications (acute myocardial infarction, stroke, gastrointestinal bleeding, hip fracture, or potentially curative surgery for breast, colon, or lung cancer). Residents of Boston or New Haven who were discharged between October 1, 1987, and September 30, 1989, were enrolled in the cohort corresponding to the earliest such admission and followed for up to 35 months.

Results. The relative rate of readmission in Boston as compared with New Haven was 1.64 (95 percent confidence interval, 1.53 to 1.76)

for all cohorts combined, with a similarly elevated rate for each of the five clinical cohorts and each age, sex, and race subgroup examined. Hospital-specific readmission rates varied substantially among the hospitals in Boston and were higher than those in New Haven. No relation was found between mortality (during the first 30 days after discharge or over the entire study period) and either community or hospital-specific readmission rates.

Conclusions. Regardless of the initial cause of admission, Medicare beneficiaries who were initially hospitalized in Boston had consistently higher rates of readmission than did Medicare beneficiaries hospitalized in New Haven. Differences in the severity of illness are unlikely to explain these findings. One possible explanation is a threshold effect of hospital - bed availability on decisions to admit patients.

1/3,AB/51 (Item 3 from file: 34)
DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
(c) 2002 Inst for Sci Info. All rts. reserv.

01858421 Genuine Article#: JG037 Number of References: 5
Title: THE CHILEAN HOSPITAL SYSTEM - AVAILABILITY AND PRODUCTIVITY OF THE PUBLIC AND PRIVATE SECTORS (Abstract Available)

Author(s): MEDINA E; KAEMPFER AM
Corporate Source: UNIV CHILE, ESCUELA SALUD PUBL, FAC MED/SANTIAGO//CHILE/
Journal: REVISTA MEDICA DE CHILE, 1992, V120, N3 (MAR), P334-341

Language: SPANISH Document Type: ARTICLE

Abstract: Hospital bed availability , trends in number of beds, productivity and administrative aspects in the public and private hospital sectors are analyzed. At present, there are 3,3 beds per 1000 population in Chile. This represents a decrease from previous figures, in spite of increasing demands derived from population aging and greater birth assistance needs. Overall productivity of the hospital system is reflected in 31 annual admissions per bed, an average hospital stay of 8 days and a 75% occupancy rate. The National Health Service System is responsible for 76% of admissions. However, it takes care of more than 90% of bed needs for tuberculosis patients and more than 80% for hospital birth assistance, complications of pregnancy, perinatal disease, communicable diseases, respiratory illnesses, miscarriages and skin diseases. The private sector takes care of more than 40% of rheumatic and musculo skeletal diseases and more than one third of mental health problems. The National Health Service, compared to the private sector, exhibits a greater occupancy rate with an average stay only one day longer. Complexities of hospital administration, new world trends and the relation to external economic resources are discussed.

?type s1/3,9/38

1/9/38 (Item 10 from file: 73)
DIALOG(R)File 73:EMBASE
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00063666 EMBASE No: 1974053722
ARBUS I-V, final report, 1 April, 1970
Lebo C.P.; Abbott R.P.; Ford J.D.; Pehrson D.L.
Commun. Hlth Serv., Rockville, Md 20852 United States
ABSTR.HOSP.MANAGE.STUD. 1972, 9/2 (08794-480 p.)
DOCUMENT TYPE: Journal
LANGUAGE: ENGLISH

This report describes the third phase of a research and development project designed to explore certain parameters of automation in hospital bed reservation , admission, and utilization transactions on a community wide basis. Phases I and II were reported in a two volume document entitled ARBUS. Phase III provided several refinements of the previous work including the use of a dedicated, on line, multi terminal computer system for the acquisition and distribution of reservation and utilization data.

MEDICAL DESCRIPTORS:

*economic aspect

university hospital; teaching hospital; general hospital; hospital;

computer analysis

SECTION HEADINGS:

036 Health Policy, Economics and Management

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